

Officeholder and Candidate
Campaign Statement –
Short Form

Register of Voters	CALIFORNIA FORM	470
	For Official Use Only	
AUG 07 2024		
Imperial County		

Date of election if applicable: (Month, Day, Year)	☐ Amendment (Explain Below)
11/05/2024	

1. Statement Covers Calendar Year 20 24.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE	
JERRY A. JONES	
STREET ADDRESS	CITY
1000 N. 10th St.	Imperial
STATE	ZIP CODE
CA	92541
OPTIONAL: FAX / E-MAIL ADDRESS	

3. Office Sought or Held

OFFICE SOUGHT OR HELD	DISTRICT NUMBER (IF APPLICABLE)
Imperial County Board of Supervisors	

4. Committee Information

List all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME AND I.D. NUMBER	COMMITTEE ADDRESS	NAME OF TREASURER

5. Verification

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than \$2,000 during the calendar year and that I have used all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on	DATE	SIGNATURE OF OFFICEHOLDER OR CANDIDATE
06/17/2024		